## **Introduced by Senator Dutton**

February 22, 2005

An act to amend Section—1276.4 7155.7 of the Health and Safety Code, relating to health facilities—anatomical gifts.

## LEGISLATIVE COUNSEL'S DIGEST

SB 630, as amended, Dutton. Hospitals: nursing ratios Anatomical gifts: organs: inquests.

Existing law, until January 1, 2006, authorizes the county medical examiner or coroner to permit or deny removal of organs that constitute an anatomical gift from a decedent who died under circumstances requiring an inquest, on request from a qualified procurement organization, if certain conditions are met depending upon whether an autopsy is or is not required. Existing law requires the medical examiner or coroner to be present during the removal procedure under certain circumstances and requires the qualified procurement organization requesting removal of the organ, upon the request of the medical examiner or coroner, to reimburse the medical examiner or coroner for the actual costs incurred in being present during the removal procedure.

This bill would delete the January 1, 2006, repeal date, thereby extending the operation of these provisions indefinitely. To the extent the continuance of these procedures establish additional duties for county medical examiners and coroners, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

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This bill would provide that no reimbursement is required by this act for a specified reason.

Existing law provides for the licensure and regulation of health facilities, administered by the State Department of Health Services. Existing law requires the department to establish minimum, specific, and numerical licensed nurse—to—patient ratios by licensed nurse classification and by hospital unit for general acute care hospitals, acute psychiatric hospitals, and special hospitals.

This bill would make a technical, nonsubstantive change to that provision.

Vote: majority. Appropriation: no. Fiscal committee: <del>no</del> yes. State-mandated local program: <del>no</del> yes.

*The people of the State of California do enact as follows:* 

1 SECTION 1. Section 1276.4 of the Health and Safety Code is 2 amended to read:

SECTION 1. Section 7155.7 of the Health and Safety Code is amended to read:

7155.7. (a) On request from a qualified procurement organization, the county medical examiner or coroner may permit the removal of organs that constitute an anatomical gift from a decedent who died under circumstances requiring an inquest by the medical examiner or coroner.

- (b) If no autopsy is required, the organs to be removed may be released to the qualified procurement organization.
- (c) If an autopsy is required and the county medical examiner or coroner determines that the removal of the organs will not interfere with the subsequent course of an investigation or autopsy, the organs may be released for removal. The autopsy shall be performed following the removal of the organs.
- (d) Except in cases where there is no known next of kin or when a person dies in the custody of a law enforcement agency, if the medical examiner or coroner is considering withholding one or more organs of a potential donor for any reason, the medical examiner or coroner, or his or her designee, upon request from a qualified organ procurement organization, shall be present during the procedure to remove the organs. The medical examiner or coroner, or his or her designee, may request a biopsy of those organs or deny removal of the organs if necessary. If the

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county medical examiner or coroner, or his or her designee, denies removal of the organs, the county medical examiner or coroner may do both of the following:

- (1) In the investigative report, explain in writing the reasons for the denial.
- (2) Provide the explanation to the qualified organ procurement organization.
- (e) If the county medical examiner or coroner, or his or her designee, is present during the removal of the organs, the qualified procurement organization requesting the removal of the organ shall reimburse the county of the medical examiner or coroner, or his or her designee, for the actual costs incurred in performing the duty specified in subdivision (d), if reimbursement is requested by the county medical examiner or coroner. The payment shall be applied to the additional costs incurred by the county medical examiner's or coroner's office in performing the duty specified in subdivision (d).
- (f) The health care professional removing organs from a decedent who died under circumstances requiring an inquest shall file with the county medical examiner or coroner a report detailing the condition of the organs removed and their relationship, if any, to the cause of death.
- (g) This section shall remain in effect only until January 1, 2006, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2006, deletes or extends that date.
- SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because a local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the program or level of service mandated by this act, within the meaning of Section 17556 of the Government Code.
- 1276.4. (a) By January 1, 2002, the State Department of Health Services shall adopt regulations that establish minimum, specific, and numerical licensed nurse-to-patient ratios by licensed nurse classification and by hospital unit for all health facilities licensed pursuant to subdivision (a), (b), or (f) of Section 1250. The department shall adopt these regulations in accordance with the department's licensing and certification regulations as stated in Sections 70053.2, 70215, and 70217 of

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Title 22 of the California Code of Regulations, and the professional and vocational regulations in Section 1443.5 of Title 16 of the California Code of Regulations. The department shall review these regulations five years after adoption and shall report to the Legislature regarding any proposed changes. Flexibility shall be considered by the department for rural general acute care hospitals in response to their special needs. As used in this subdivision, "hospital unit" means a critical care unit, burn unit, labor and delivery room, postanesthesia service area, emergency department, operating room, pediatric step-down/intermediate care unit, specialty care unit, telemetry unit, general medical care unit, subacute care unit, and transitional inpatient care unit. The regulation addressing the emergency department shall distinguish between regularly scheduled core staff licensed nurses and additional licensed nurses required to care for critical care patients in the emergency department. 

- (b) These ratios shall constitute the minimum number of registered and licensed nurses that shall be allocated. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements, including the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan and the ability for self-care, and the licensure of the personnel required for care.
- (c) "Critical care unit" as used in this section means a unit that is established to safeguard and protect patients whose severity of medical conditions requires continuous monitoring and complex intervention by licensed nurses.
- (d) All health facilities licensed under subdivision (a), (b), or (f) of Section 1250 shall adopt written policies and procedures for training and orientation of nursing staff.
- (e) No registered nurse shall be assigned to a nursing unit or elinical area unless that nurse has first received orientation in that elinical area sufficient to provide competent care to patients in that area, and has demonstrated current competence in providing care in that area.
- (f) The written policies and procedures for orientation of nursing staff shall require that all temporary personnel shall

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receive orientation and be subject to competency validation consistent with Sections 70016.1 and 70214 of Title 22 of the California Code of Regulations.

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- (g) Requests for waivers to this section that do not jeopardize the health, safety, and well-being of patients affected and that are needed for increased operational efficiency may be granted by the department to rural general acute care hospitals meeting the criteria set forth in Section 70059.1 of Title 22 of the California Code of Regulations.
- (h) In case of conflict between this section and any provision or regulation defining the scope of nursing practice, the scope of practice provisions shall control.
- (i) The regulations adopted by the department shall augment and not replace existing nurse-to-patient ratios that exist in regulation or law for the intensive care units, the neonatal intensive care units, or the operating room.
- (j) The regulations adopted by the department shall not replace existing licensed staff-to-patient ratios for hospitals operated by the State Department of Mental Health.
- (k) The regulations adopted by the department for health facilities licensed under subdivision (b) of Section 1250 that are not operated by the State Department of Mental Health shall take into account the special needs of the patients served in the psychiatric units.
- (I) The department may take into consideration the unique nature of the University of California teaching hospitals as educational institutions when establishing licensed nurse-to-patient ratios. The department shall coordinate with the Board of Registered Nursing to ensure that staffing ratios are consistent with the Board of Registered Nursing approved nursing education requirements. This includes nursing clinical experience incidental to a work-study program rendered in a University of California clinical facility approved by the Board of Registered Nursing provided there will be sufficient direct care registered nurse preceptors available to ensure safe patient care.